

CITY OF CARLSBAD

San Diego County Area Public Safety Dispatcher Testing Consortium Registration Form Saturday, January 26, 2008

This is an application to take the Public Safety Dispatcher test only. This is not a job application for a Public Safety Dispatcher position. If you pass the test, you will be provided with a certificate that will be good for two years. You are to submit this certificate with the agency application when they have a Dispatcher or Communications Operator position open.

The participating agencies are the Cities of Carlsbad, Coronado, El Cajon, National City, Oceanside, San Diego Community College District Police Department, The San Diego Unified Port District, Heartland Fire District (HCFA), and San Diego State University Campus Police Communications Unit. Please refer to the San Diego Area Dispatcher Testing Consortium brochure to obtain the addresses and phone numbers for these agencies.

If your test application is accepted, you will receive a letter stating the time and location for the test. You must bring a picture I.D. to the test as well as the letter of notification you receive after this form has been approved in order to gain entrance to the test. All registration forms for the Public Safety Dispatcher Examination must be mailed, faxed or turned in to the City of Carlsbad, Human Resources Department, 1635 Faraday Avenue, Carlsbad, CA 92008, Phone (760) 602-2440, Fax (760) 602-8554.

Please Note: The City of Carlsbad will not be responsible for lost or redirected mail. Please print or type your response below so that it is legible. The next testing date is scheduled for Saturday, January 26, 2008 in Carlsbad, Friday, January 11, 2008, is the deadline for registration to take January 26, 2008 examination. All registration forms must be on file in order to receive a test time notification in the mail.

PLEASE COMPLETE THIS REGISTRATION FORM IN INK AND PLEASE PRINT OR TYPE

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Home Number: _____ Cell / Alternate Number: _____

E-Mail Address: _____ Social Security Number: _____

I learned about this opportunity through (check one):

- ☐ A friend or relative _____ ☐ Contact with a City Department, specify which _____
☐ An advertisement, specify _____ ☐ A website, specify _____

AFFIDAVIT – READ CAREFULLY AND SIGN BELOW

I understand that this is not a job application but an application to take the Public Safety Dispatcher examination. I also understand that any alteration to the Dispatcher certificate or a reproduction of said certificate will result in being disqualified for any position with the participating agencies.

Signature _____ Date _____